

P.O. BOX



Update on the Happenings of CMS's Managed Care Systems and Support Operations

Division of Enrollment and Payment Operations, HPBG, CBC – Centers for Medicare & Medicaid Services

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move, IntegriGuard sent out postcards announcing the new address. They also sent out reminder e-mails two weeks before the move, posted the information on their website, and inserted flyers in all mailings to our managed care organizations.

In addition, IntegriGuard has requested that items being sent to them include an "Attention" line to assist them in ensuring that the item gets to the proper team as quickly as possible. Use the information below accordingly:

Attention: Monthly Certification / Attestation

Attention:
Enrollment/Disenrollment / PBP

Attention: Health Status Category Changes

Attention: Probe Study

Attention: Reconsiderations

The new address and move information for mailings may also be found at:

www.cms.hhs.gov/healthplans/systems..

take a few months for us to compute the factor that will be applied to each month's membership in 2004, so you won't see the first adjustment until April; however, it will be retroactive until January. The remaining months will be included in the appropriate months' payment.

You should have submitted the results of the working aged survey for every beneficiary that was reflected as an active member of your plan in March 2003, according to the March Monthly Membership report (even if they are no longer a member of your plan). If someone joined your plan after March, then their status doesn't matter for computation of the factor. For this year only, you can base the status on Survey information that dates back to August 2002.

Submit beneficiaries that:

1. were on your March MMR,
2. you found to be in the Working Aged status on their surveys, or
3. did not respond to your survey (CMS will look them up on CWF)

Detailed information and guidance can be found on the web at:
<http://www.cms.hhs.gov/healthplans/systems/workingaged.asp>

If your organization has not submitted this information, we are assuming that you want CMS to use the CWF to calculate your factor.

INTEGRIGUARD, LLC HAS MOVED THEIR OFFICES.

You should have received correspondence in December from IntegriGuard with information on their move to a new location. This move took place during the month of December. Although there is a change in the address, the phone and fax numbers remain the same. Approximately one month before the

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The Working Aged status payment process is changing. Beginning January 2004, the computation at the beneficiary level will be stopped and "H" number will be used. It will

CWF UPDATE

In October the ability of the Common Working File to identify fee-for-service claims paid during a period when a beneficiary is retroactively enrolled into an MCO became a reality. Now, the money paid to the providers by the fee-for-service systems will be collected from the fee-for-service providers. Some providers may be contacting you to obtain remuneration for services they provided to beneficiaries while the beneficiary was enrolled in your plan.

This situation is caused because the enrollments are retroactive. However, during the period of time between the enrollment effective date and the CMS data system updates, usually only a month or two, providers may be unaware of the beneficiary's enrollment in the M+C and bill the Medicare fee-for-service system for services provided to the beneficiary. The CMS fee-for-service systems will pay the providers for these services. The result is that Medicare pays for the services rendered during a retro period twice; once for the specific service which was paid by the fee-for-service Medicare contractor and secondly by the Managed Care Payment systems in the monthly capitation rate to the plan for the beneficiary.

2002 RISK ADJUSTMENT RECONCILIATION COMPLETED

The reconciliation of the risk adjustment portion of the 2002 payments was completed at the end of October. Payment adjustments were included in the November 1 reimbursement to the managed care organizations.

A total of 142,334 adjustments were created for impacted members enrolled in Medicare+Choice organizations during 2002. Total payments were over \$38 million and 169 organizations were involved. There was a wide range of payment. Managed care organizations received from between +\$2.9 million to -\$2,200.

ALERT---

The Division of Managed Care Systems will be conducting training sessions for the new MMCS at CMS during April 2004. MMCS will replace what is currently known as the GHP system.

ARE YOU READY?

MCO users should log on to use the MMCS tutorial prior to the respective training sessions. Questions related to the tutorial can be referred to Joyce Gunthrop on (410)786-1448 or Laquia Marks on (410) 786-3312. Remember to include this training in your budget for 2004.

DON'T BE LEFT OUT IN THE COLD!

Basic training on Enrollment and Payment will be held in April, 2004. Check our website for details soon.

ACTION---CHANGE TO GROUCH MENU SCREEN

A letter was sent to all Managed Care Organizations (MCOs) dated July 8, 2003 regarding minor changes to the GROUCH Menu screen.

This letter is also referenced on our web page <http://www.cms.hhs.gov/healthplans/systems> under the bullet point for Systems Information and Letters.

The screen has been converted to allow the **Transmit File Actions Item** (first line at the top of the GROUCH Screen) to place the cursor on one of the letters on this line

Ex: the **T** in **Transmit**) and after doing so—**HIT Enter**.

This then will then display a pop-up menu for the user to select 3 options:

1. View
2. Clear
3. Zip

To select an option, type 1, 2, or 3 or move the cursor to the desired option and press enter.

Users can then build their GROUCH reports in the normal way after clearing the receive.data file.

2003 MANAGED CARE ENROLLMENT AND PAYMENT CONFERENCE

The Managed Care Enrollment and Payment Conference, originally scheduled for September 18 and 19, was held on September 30 and October 1. Despite the last minute rescheduling caused by Hurricane Isabel, more than 375 people attended the annual Conference at the Wyndham Hotel in Baltimore. All the speakers scheduled for the original dates were able to present on the rescheduled dates.

Presentations included changes in our payments such as risk adjustment, ESRD, Working Aged, changes in the monitoring strategy, the new MMCS system, and processing retro-active adjustments. Several presentations included the M+CO perspective. The luncheon speakers provided insights to the HIPAA and its implementation at M+COs. Additionally, there were workshops run by MMCS, IntegriGuard and the DEPO Staff.